

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31453**

FILED SEP 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>1558</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Dry Creek Twp.		c. LENGTH OF STAY (in this place) 64 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Dry Creek Twp.		0469	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence				d. STREET ADDRESS (If rural, give location) Pomona, Mo., Rt. 2			
3. NAME OF DECEASED (Type or Print) CORA		a. (First) BELLE		b. (Middle) BURGESS		c. (Last)	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 4, 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home		9. AGE (In years last birthday) 71		11. BIRTHPLACE (State or foreign country) Kentucky	
13a. FATHER'S NAME James Carver		13b. MOTHER'S MAIDEN NAME Amanda Palmer		14. NAME OF HUSBAND OR WIFE G. B. Burgess.		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME G.B.Burgess, Pomona, Mo., Route 2			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Abdomen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pericious Anemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 20, 1951</u> , to <u>Sept. 4, 1952</u> , that I last saw the deceased alive on <u>Sept. 4, 1952</u> , and that death occurred at <u>7:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Richard A. Smith D.O.		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 9-6-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sep. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.		24d. LOCATION (City, town, or county) (State) Howell County, Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 387-		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thompson ADDRESS W. Plains, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3408

P. O. Address. W. Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.